Healthcare Reform Commission
Communications Workgroup
February 5, 2013 Meeting Minutes

Present: Sarah Beth Labanard, Craig O'Connor, Rebecca Kislak, Peter Howland, Jason Martesian, Tara Townsend, Joyce Dolbec, Amanda Clark, Patrice Cooper, Steve DeToy, Diana Beaton, Marti Rosenberg, Maria Tocco

SHRAN – Network of 10 states aggressively pursuing health exchanges. Rhode Island is one, and has been granted $1 M in TA for this purpose.

Recent conference – communications consultant brought us through a plan, timeline, and quite a few breakout sessions on different areas of communicating around the Exchange. Outreach, marketing, etc.

Marti to explain more about how we'll use this information and onto January 1 when enrollment begins.

Prov Plan retained to help out on communications/outreach work.

Morphed all people into "public awareness and engagement team": A. Black stakeholder work with board, M Hall, M Ivatts, M Stark

Research: Exchange retained Lake Research (Perry, Undham) who have broken off and are doing healthcare polling and survey. Mktg research is what they do now, no campaign-related work at this time. They were retained in November 2012.

PHASE 1

Survey Part1: 14 focus groups in Woonsocket, Providence, S. County in low, middle, higher income segments.
Primary care phys, ER phys, specialists and nurses.
Employers: 3-10, 11-50, over 50 employees. Some for profit others non profit.
Survey included 800 RIers. Expecting 1st draft of full report later this week. Thrust was the public's general response to heath reform and to exchange.

Survey Part 2: Being designed right now. Open to input from wkgrp. How do people want to use exchange--web, in person, phone, what should it look like? This part of the research will focus on the consumer experience. How do they want to engage with exchange?

PHASE 2 is coming but not yet planned.

C. O'Connor: There was a Fall 2012 survey of statewide households—what happened with that? Ans: mismatch in analysis of numbers, no syncing up. They

have fixed it and should be public soon. Was supposed to inform enrollment projections.

Message development: The Boston Group retained.
Working on first draft of research to tweak msging as we move forward.

Outreach and education

Community Health Centers – find your target market here: young children and uninsured adults

RiTE Share/Care was confusing: some individuals didn't know where they fell into eligibility.

Medicaid ramping up for individuals. Anticipating 30-50k number of people coming into Medicaid, shifting to RITEShare, etc.

Outreach to uninsured and under-insured such as restaurant workers, musicians, etc.

Look at VT and single payer system with network of uninsured/under insured bc they have had this program for a number of years (small farmers, etc)

Consumer support: focusing on "great customer experience" with simplicity on front end, seamless interface and easy input

Will people be eligible for more than one thing? Example: Families with different eligibility rules for different family members.

Deloitte is aware of this language.

Designing web site from design and usability. User testing will come down the line.
Also working on the contact center and navigators (see WAPO: Colorade navs).
Site visits to contact centers for best practices and lessons learned.

Tech development sessions trying to get to how the technology needs to translate for customers: back end vs front end (interface).

Working with other state agencies with UHIP folks about need for close relationships bt state agencies--Medicaid and Exchange.

P. Howland: Affordability is assigned by individual. Jennifer Wood said that eligibility is not going to be applied to individual vs family. Deloitte should look at TurboTax app where you can photograph W2 and import into database for figuring taxes.

Contact center and HIPPA have to be clarified, and staff have to operate under HIPPA compliance.

Must address fear of safety of online transactions.

Diana Beaton gave Presentation on Dual Eligibles—see Powerpoint online at the EOHHS web site.

Working on this initiative for a while – Diana representing Medicaid. Outreach for dual eligibles will be happening at the same time as the Exchange communications work.

Integrated Care Initiative. Part of the ACA, with a new office at CMS. Focused on dual eligibles, but through RI law, includes Medicaid only. Adults with disabilities eligible for Medicaid because of disability. Have Medicare and Medicaid – and adults with disabilities without other support services, getting Medicaid.

Integration of financing and care of this vulnerable population. More people with disabilities living longer with chronic disease.

Expanding managed care to this new population, to improve beneficiaries' experience. Last Medicaid group that isn't in managed care. They don't identify the care they get now as a Medicaid product.

More person-centered care, improve and maintain members' quality of life and care, and develop an integrated system of care and coordination of services. Increase population in community settings for care. Reduce long-term care costs. Decrease avoidable hospitalization. All of this versus the relative ease of discharging people from hospitals to nursing homes.

Who are these? MME's – Medicaid/Medicare Eligibiles. Also over 21-year olds with Medicaid due to a disability.

Phase one:

26,727 MMEs and 905 non MMEs = 27,632 average eligible
Enrollment – September 1, over 4 months.

Phase two:

Three-way contract with state, CMS and MCO. One card instead of 3 – drug plan, Medicaid, and Medicare – into one card.

13,000 over 65 years old – 5000 are already in a nursing home. Offered coordination of their care through one of these entities.

Some are in the MRDD waiver
3000 getting LT community services
Some living in the community with supports
Others SPMI

Question – why are we starting this at age 21, instead of 18, which is SSI-eligibility? Diana will follow up.

Two new names: Rhody Health Options
Connect Care Choice Community Partners
PACE will continue to be an enrollment option

Timeline – LOI, February 2013-02-02
Responses Due – Late March
Bidder Selection – Late April
Readiness Review – May-June
Client Letters and FAQs – July through October
Effective Enrollment Dates – Sept – December

Opt-Out process – automatically enrolled. Aware of the vulnerability of the population – it's a good product that will provide better services. We can align this effort with what's happening in RI on health care reform. Medicaid is trying to align with those initiatives.

Medicare Part D enrollment going on the Fall, and Medicare Advantage enrollment. Work closely with the SHIP counselors. Comm plan 10 pages long. Another challenges is the two distinct populations.

Communications Strategy: Good ground game. Train the trainers approach, with a lot of touch-points.

Stakeholder workgroup meetings gave good feedback on rollout.

Separate enrollment Info Line, plus The POINT.

Stakeholder Outreach and Info:
Website
Email
Print Material
Letters to specific groups
Presentation – agencies can contact integratedcare@ohhs.ri.gov for one
www.ohhs.ri.gov, under Integrated Care

Questions:

During the Sept-December enrollment, folks will get the letters and they can opt out. Is the group rolled in over the 4 months, or are people choosing dates?

Concerted plan for rolling people in. Last will be people with developmental disabilities and those with SPMI. The first group will be people formally in Rhody Health, but disenrolled.

This is integrating the financial aspects. Have you thought of adding in CurrentCare, to address the clinical side?

Medicaid wants to work closely with RI Quality Institute, but we can't make it mandatory. It's a very good idea.

At least include a CurrentCare brochure?

Might be too confusing. We'll work with our partners to get that message out. The Medicaid Director is supportive of that info getting out.

Is there a way to get a copy of the presentation?

Will be posted on the website.

Health Coverage Project will come to the next meeting to present.

Craig: CMS came out with the ruling, saying the subsidy will be based on the individual plan on premium. Instead of 9%, it will be actually 15%. That's becoming really expensive.

Jennifer Wood said: The interpretation of that says that if they're applying for a family plan, the subsidy will be based on the family plan price.

A lot of people will make the decision to pay the penalty if that is the plan.

Needs to be clarified.

How to get the information out before September?

Engaging the reporters on what's happening – part of the outreach strategy

Vehicles like the Lt. Governor's newsletter

How people can start to prepare now

(And even if a majority is not reading the Projo, the people who are probably don't do a lot of online activity)

Activating our on-the-ground networks – has to ramp up very quickly to be successful. MA did it in 9 months – laying out a huge plan like this.

We'll ramp up these meetings to a more regular schedule.